

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

LOCATION NUMBER

VS.

AT

JOSE DOMINGO-CASTRO

FILED

PERSON REPRESENTED (Show your full name)

JOSE DOMINGO-CASTRO

1-29-08
JAN 29 2008

CHARGE/OFFENSE (describe if applicable & check box)

8 U.S.C. Sect 1324 (a)(1)(A)(ii)
18 USC Sect. 2MAGISTRATE JUDGE
MORTON DENLOW

- ☒ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify)

DOCKET NUMBERS

Magistrate

08 CR 0063

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self Employed															
		Name and address of employer: CONSTRUCTION															
		IF YES, how much do you earn per month? \$ 1400 ⁰⁰	IF NO, give month and year of last employment How much did you earn per month? \$														
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$														
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No																
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ THE SOURCES	RECEIVED	SOURCES														
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$																
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No																
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION														
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents 0 List persons you actually support and your relationship to them															
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	<table border="1"> <thead> <tr> <th>Creditors</th> <th>Total Debt</th> <th>Monthly Payt.</th> </tr> </thead> <tbody> <tr> <td>CAR LOAN + INSURANCE</td> <td>\$</td> <td>\$ 400⁰⁰</td> </tr> <tr> <td>APARTMENT RENT</td> <td>\$</td> <td>\$ 450⁰⁰</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	Creditors	Total Debt	Monthly Payt.	CAR LOAN + INSURANCE	\$	\$ 400 ⁰⁰	APARTMENT RENT	\$	\$ 450 ⁰⁰		\$	\$		\$
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	\$	\$															
	\$	\$															

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 1-28-2008

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)
